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4-16-04

Practitioner's Docket

U 013260-3

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Saki Itzhak HAKIM, et al.

Serial No.: 09/782,626

Group No.: 2623

Filed: February 13, 2001

Examiner: Virginia M. Kibler

For: MULTIPLE OPTICAL INPUT INSPECTION SYSTEM

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

APR 06 2004

Technology Center 2600

AMENDMENT TRANSMITTAL

WARNING: Failure to file a complete response in compliance with § 1.135(c) leads to a reduction in patent term adjustment - See § 1.704(c)(7).

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

04/02/2004 NK0CHA1 00000014 09782626

☐ a small entity. A statement:

01 FC:1251

110.00 OP

☒ other than a small entity.

CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is **mandatory**;
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I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. 1.8(a)

37 C.F.R. 1.10*

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TRANSMISSION

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: March 31, 2004

Signature

JULIAN H. COHEN

(type or print name of person certifying)

- Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | | (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | | |
|--|---|---|---------------------------------------|------------------|---------------------|---------------|------------------------------|---------------------|---------------|
| | | Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee | OR | Rate | Addit. Fee |
| Total | * | Minus | ** | = | x \$ 9= | \$ | | x \$ 18= | \$ |
| Indep. | * | Minus | *** | = | x \$ 43= | \$ | | x \$ 86= | \$ |
| <input type="checkbox"/> First Presentation of Multiple Dependent Claims | | | | | + \$145= | \$ | | + \$290= | \$ |
| | | | | | Total Addit. Fee | \$ | OR | Total Addit. Fee | \$ |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) ☒ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 110.00
☐ Charge Account No. 12-0425 the sum of \$ _____
 A duplicate of this transmittal is attached.

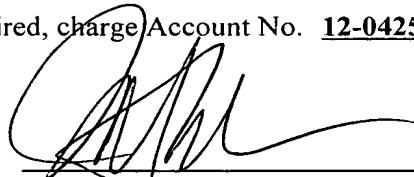
FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-0425



SIGNATURE OF PRACTITIONER

Reg. No. 20,302

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